HOW TO FILE A LIEN

Filing a Notice and Request for Allowance of Lien is how you assert a claim or right against a workers' compensation case.

Enclosed is a lien form. Complete the form. Be sure to sign and date it. Attach a full statement or itemized bill supporting the lien and justifying the right to reimbursement.

A WCAB case number must be entered on the top right hand corner of the lien. If there is no WCAB case number, contact the local I & A office.

Send the original to the WCAB and copies to all parties. It is important that you check the box indicating all parties have been served.

Employee's consent to allowance of lien and signature is not required.

Keep a copy for your records.

If you need help, you may call an Information & Assistance Office. The local I & A phone numbers are listed on the back of this guide.

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations which are different than presented here.

WORKERS' COMPENSATION APPEALS BOARD DISTRICT OFFICES

1661 N. Raymond Avenue Ste. 200 (714) 738-4038 1880 North Main Street, 1st Floor Information & Assistance Unit (408) 443-3058 Information & Assistance Unit BAKERSFIELD, 93309 1800 30th Street, Rm.100 Information & Assistance Unit (661) 395-2514 SAN BERNARDINO, 92401-1888 464 West Third Street, Ste. 239 Information & Assistance Unit (909) 383-4522 Information & Assistance Unit EUREKA, 95501-0421 100 "H* Street, Rm. 2011 Information & Assistance Unit (707) 441-5723 Information & Assistance Unit (619) 525-4589 Information & Assistance Unit FRESNO, 93721-2280 2550 Manposa Street, Rm. 4078 Information & Assistance Unit (559) 445-5355 SAN FRANCISCO (DISTRICT OFFICE), 94102 455 Golden Gate Ave., 2nd Floor Information & Assistance Unit (415) 703-5020 Information & Assistance Unit GOLETA, 93117 6755 Hollister Avenue Information & Assistance Unit (805) 968-4158 300 Posea Sea Antonio, Rm. 223 Information & Assistance Unit (408) 277-1292 Information & Assistance Unit GROVER BEACH, 93433-2261 1562 Grand Avenue Information & Assistance Unit (805) 481-3296 SANTA ANA, 92701-4080 22 Cvirc Center Plaza, Ste. 451 Information & Assistance Unit (714) 558-4597 Informat	ANAHEIM, 92801		SALINAS, 93906	
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Information & Assistance Unit Information & Assistance Unit	3737 Main Street, Ste. 300	(909) 782-4347	175 Lennon Lane, Rm. 200	(925) 977-8343
	Information & Assistance Unit		Information & Assistance Unit	
SACRAMENTO, 95825				
2424 Arden Way, Ste. 230 (916) 263-2741 Information & Assistance Unit		(916) 263-2741		

STATE OF CALIFORNIA DEPARTMENT OF INDUSTRIAL RELATIONS WORKERS' COMPENSATION APPEALS BOARD

NOTICE AND REQUEST FOR ALLOWANCE OF LIEN

(Print or type names and addresses; include ZIP Codes)	ID OR CASE NO.	
Injured Worker	Address	WHAT
Date of Claimed Injury	Social Security Number	Date of Birth
Attorney for Injured Worker	Address	
Employer	Address	
Insurance Carrier or, if Self-Insured, Certificate Name	Address Where Claim Administe	red
Adjusting Agency, if Agency Administered		
Attorney for Employer/Carrier	Address	
Lien Claimant	Address and Telephone No.	
Attorney for Lien Claimant	Address and Telephone No.	
The lien claimant hereby requests the Worker the sum of	Dollars (\$) again	nst any amount now due or which
☐ The reasonable expense incurred by or on be the effects of said injury; or ☐ The reasonable medical expense incurred to ☐ ☐ The reasonable value of living expenses of said injury, where such worker has deserted or is neglecting ☐ The reasonable fee for interpreter's services performs	prove a contested claim; or aid worker or of his or her depender or minor children, or both, of said his or her family; or	ats, subsequent to the injury, or
NOTE: ITEMIZED STATEMENT JUSTIFYING THE LIEN	MUST BE ATTACHED	
FOR INJURIES OCCURRING ON OR AFTER JANUAR HAVE A WCAB IDENTIFICATION NUMBER,		
a copy of the original completed Employee's Claim for the lien claimant does not have a copy of the claim form		
a copy of the lien claim and supporting documents wa	s served by mail or delivered to each	of the above-named parties.
Signature of Attorney for Lien Claimant Signa	ture of Lien Claimant	Date
EMPLOYEE'S CONSEN	T TO ALLOWANCE OF LIE	V
I consent to the requested allowance of a lien against my compensation.		
Signature of Attorney for Injured Worker	**************************************	

DWC WCAS Form 6 (Rev 2/91)